

## **HIV Testing History – Post-test Version: Description and Forms Completion Instruction Sheet**

This instruction sheet should be used as a guide for obtaining and recording an HIV testing history during HIV post-test counseling or at another time when a client's HIV status is known. It is meant to give surveillance sites that conduct HIV antibody testing an understanding of what information is needed for an HIV testing history and why it is important. The responses are used to assign an incidence estimation weight to the STARHS result.

The instruction sheet serves as a guide for obtaining an HIV testing history and for the completion of two of the forms that CDC has developed to record that information, the post-test version of the HIV Testing History Questionnaire (Post-test THQ) and Part D of the Program Evaluation Monitoring System (PEMS) Counseling, Testing, and Referral (CTR) Form. The PEMS CTR form is a scanable data collection tool, while the Post-test THQ was designed to be both an interview and data collection tool. Counselors may choose to read the questions in the Post-test THQ aloud to clients or give it to the client to complete as a self-administered questionnaire. Counselors who choose to use the Post-test THQ as an interviewer administered tool are encouraged to develop their own personal style for asking the questions, and use the questionnaire form as a guide. The information collected here may be taken from other sources if available, and the questionnaire may be shortened accordingly. Only one question (regarding the reason for testing) must be asked as it appears on the Post-test THQ.

This guide will demonstrate the location of each of the required pieces of information related to the client's HIV testing history on each of the CDC designed forms. Regardless of the source of the information, counselors working in CDC-funded HIV Counseling, Testing, and Referral sites located in areas funded for HIV Incidence Surveillance must record testing history information on Part D of the PEMS CTR form or use a system compliant with CDC's requirements. Counselors from non-federally funded sites should record their clients' responses on the Post-test THQ form and return it to the HIV/AIDS surveillance coordinator for their jurisdiction as with the case report form for any newly diagnosed HIV infection.

Counselors should make every effort to ensure that testing history information is complete for each client. If the Post-test THQ is self-administered the counselor should check the questionnaire briefly after the client has completed it and attempt to clarify any questions that were left blank if possible. If the client is unwilling, or unable to answer a question upon further probing the questions should be marked "refused" or "don't know" on the questionnaire sheet by the counselor.

In the Post-test THQ there are several varied types of font. For the purposes of the questionnaire and this instruction sheet:

instructions that explain what the question is asking and why are *printed in italics*

specific messages to the client are 

set off in text boxes.

 and can be read aloud if the questionnaire is to be administered by a counselor

instructions that explain skip patterns are indicated with an arrow (⇒) and are

**set off in text boxes using extra large and bold font.**

Below each question from the Post-test THQ its location on the PEMS CTR form is depicted graphically. All of the questions appear on Part D of the PEMS CTR form.

## Instruction Sheet

*For the post-test version of the testing history, the interviewer will have knowledge of the client's HIV positive status. As a result, unlike when obtaining a testing history at pre-test, the date of the interview will not be the same as the date of the client's positive test. The date to be used for question 2 (in the gray box) is the date that the positive test that led to this interview was administered (i.e., the date that blood was drawn or urine or oral fluid was collected).*

**Thank you for filling out this form. Please read all questions carefully. Remember that all the answers you give will be kept private. First are a few questions about your past HIV tests.**

1. Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

Staff use only

2. \_\_\_\_/\_\_\_\_/\_\_\_\_ Ref test date

Session Date (MM/DD/YYYY)	Site ID	Worker ID	PEMS ID

*The next question is used to determine if the client has had a positive test before the one that led to the client being considered eligible for HIV incidence surveillance and STARHS, the one in the gray "staff use only box" (or the reference test).*

3. What was the month and year of the very first time you ever tested positive for HIV? List when you got your test, not when you got your results. We will refer to this test date again.

\_\_\_\_/\_\_\_\_ (month/year)

<b>First POSITIVE HIV Test</b>			
Anonymous test:	<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]		
Name of place tested:			
Date:		State where tested:	Site type:

*If the client reports a previous positive HIV antibody test, then the following question will help the surveillance site to determine whether or not the client's original test report would be found in the HIV/AIDS Reporting System (HARS/eHARS). If the test report was found in HARS/eHARS STARHS would not be performed on the client's blood from the current HIV antibody. In addition, the response to this question will assist in determining the weight assigned to the STARHS result when estimating incidence. If the client has not had a positive test prior to the reference test, then the answer to this question should be "no" because in order to be eligible for HIV incidence surveillance the reference test must be confidential.*

4. When you first tested positive for HIV (on the date in question 3) were you given a number or a code to use to get your results instead of your name? (check one box).

☐<sub>1</sub> Yes      ☐<sub>0</sub> No      ☐<sub>9</sub> I don't know      ☐<sub>7</sub> I don't want to answer

<b>First POSITIVE HIV Test</b>	
Anonymous test:	<input type="checkbox"/> Yes [1] <input type="checkbox"/> No [0] <input type="checkbox"/> Don't know [9] <input type="checkbox"/> Refused [7]
Name of place tested:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> (MM/YYYY)      State where tested: <input type="text"/> Site type: <input type="text"/>

HIV Counseling, Testing, and Referral Form PART D	
[Detailed form content with multiple sections and checkboxes]	

*The next question asks the name and state of the site of the client's first HIV positive test. If the client has had no previous positive tests then the interviewer will already have the information requested in this question. It is the current site, and the client would indicate that. If the client has had a prior positive test, then this question will assist in tracking the client's information in HARS/eHARS. Test site information is important, because it is assumed that testing patterns and rate of positivity vary based on the location and type of testing facility. This question is used in the calculation of the incidence estimation weight for the STARHS result. The client should be asked to classify the type of facility, if this information is not obvious from the client's response. Site type codes for the PEMS CTR form can be found on the back of Part D.*

5. What was the name of the place where you got your first positive HIV test (on the date in question 3)? For example, this could be the name of a health clinic, blood bank, doctor's office, or STD clinic.

Site name: \_\_\_\_\_ State: \_\_\_\_\_

Staff use only
_____ Site type code

**First POSITIVE HIV Test**

Anonymous test: ☐ Yes [1] ☐ No [0] ☐ Don't know [9] ☐ Refused [7]

Name of place tested: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/YYYY) State where tested: \_\_\_\_\_ Site type: \_\_\_\_\_

HIV Counseling, Testing, and Referral Form PART D

Client Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Education: \_\_\_\_\_

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Number of children: \_\_\_\_\_

Number of sexual partners in last 6 months: \_\_\_\_\_

Number of sexual partners in last 12 months: \_\_\_\_\_

Number of sexual partners in last 24 months: \_\_\_\_\_

Number of sexual partners in last 36 months: \_\_\_\_\_

Number of sexual partners in last 48 months: \_\_\_\_\_

Number of sexual partners in last 60 months: \_\_\_\_\_

Number of sexual partners in last 72 months: \_\_\_\_\_

Number of sexual partners in last 84 months: \_\_\_\_\_

Number of sexual partners in last 96 months: \_\_\_\_\_

Number of sexual partners in last 108 months: \_\_\_\_\_

Number of sexual partners in last 120 months: \_\_\_\_\_

Number of sexual partners in last 132 months: \_\_\_\_\_

Number of sexual partners in last 144 months: \_\_\_\_\_

Number of sexual partners in last 156 months: \_\_\_\_\_

Number of sexual partners in last 168 months: \_\_\_\_\_

Number of sexual partners in last 180 months: \_\_\_\_\_

Number of sexual partners in last 192 months: \_\_\_\_\_

Number of sexual partners in last 204 months: \_\_\_\_\_

Number of sexual partners in last 216 months: \_\_\_\_\_

Number of sexual partners in last 228 months: \_\_\_\_\_

Number of sexual partners in last 240 months: \_\_\_\_\_

Number of sexual partners in last 252 months: \_\_\_\_\_

Number of sexual partners in last 264 months: \_\_\_\_\_

Number of sexual partners in last 276 months: \_\_\_\_\_

Number of sexual partners in last 288 months: \_\_\_\_\_

Number of sexual partners in last 300 months: \_\_\_\_\_

Number of sexual partners in last 312 months: \_\_\_\_\_

Number of sexual partners in last 324 months: \_\_\_\_\_

Number of sexual partners in last 336 months: \_\_\_\_\_

Number of sexual partners in last 348 months: \_\_\_\_\_

Number of sexual partners in last 360 months: \_\_\_\_\_

Number of sexual partners in last 372 months: \_\_\_\_\_

Number of sexual partners in last 384 months: \_\_\_\_\_

Number of sexual partners in last 396 months: \_\_\_\_\_

Number of sexual partners in last 408 months: \_\_\_\_\_

Number of sexual partners in last 420 months: \_\_\_\_\_

Number of sexual partners in last 432 months: \_\_\_\_\_

Number of sexual partners in last 444 months: \_\_\_\_\_

Number of sexual partners in last 456 months: \_\_\_\_\_

Number of sexual partners in last 468 months: \_\_\_\_\_

Number of sexual partners in last 480 months: \_\_\_\_\_

Number of sexual partners in last 492 months: \_\_\_\_\_

Number of sexual partners in last 504 months: \_\_\_\_\_

Number of sexual partners in last 516 months: \_\_\_\_\_

Number of sexual partners in last 528 months: \_\_\_\_\_

Number of sexual partners in last 540 months: \_\_\_\_\_

Number of sexual partners in last 552 months: \_\_\_\_\_

Number of sexual partners in last 564 months: \_\_\_\_\_

Number of sexual partners in last 576 months: \_\_\_\_\_

Number of sexual partners in last 588 months: \_\_\_\_\_

Number of sexual partners in last 600 months: \_\_\_\_\_

Number of sexual partners in last 612 months: \_\_\_\_\_

Number of sexual partners in last 624 months: \_\_\_\_\_

Number of sexual partners in last 636 months: \_\_\_\_\_

Number of sexual partners in last 648 months: \_\_\_\_\_

Number of sexual partners in last 660 months: \_\_\_\_\_

Number of sexual partners in last 672 months: \_\_\_\_\_

Number of sexual partners in last 684 months: \_\_\_\_\_

Number of sexual partners in last 696 months: \_\_\_\_\_

Number of sexual partners in last 708 months: \_\_\_\_\_

Number of sexual partners in last 720 months: \_\_\_\_\_

Number of sexual partners in last 732 months: \_\_\_\_\_

Number of sexual partners in last 744 months: \_\_\_\_\_

Number of sexual partners in last 756 months: \_\_\_\_\_

Number of sexual partners in last 768 months: \_\_\_\_\_

Number of sexual partners in last 780 months: \_\_\_\_\_

Number of sexual partners in last 792 months: \_\_\_\_\_

Number of sexual partners in last 804 months: \_\_\_\_\_

Number of sexual partners in last 816 months: \_\_\_\_\_

Number of sexual partners in last 828 months: \_\_\_\_\_

Number of sexual partners in last 840 months: \_\_\_\_\_

Number of sexual partners in last 852 months: \_\_\_\_\_

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Number of sexual partners in last 876 months: \_\_\_\_\_

Number of sexual partners in last 888 months: \_\_\_\_\_

Number of sexual partners in last 900 months: \_\_\_\_\_

Number of sexual partners in last 912 months: \_\_\_\_\_

Number of sexual partners in last 924 months: \_\_\_\_\_

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Number of sexual partners in last 2904 months: \_\_\_\_\_

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Number of sexual partners in last 2940 months: \_\_\_\_\_

Number of sexual partners in last 2952 months: \_\_\_\_\_

Number of sexual partners in last 2964 months: \_\_\_\_\_

Number of sexual partners in last 2976 months: \_\_\_\_\_

Number of sexual partners in last 2988 months: \_\_\_\_\_

Number of sexual partners in last 3000 months: \_\_\_\_\_

The following question must be asked as it is written on the Post-test THQ. Cognitive testing of the questionnaire showed that when the order or wording of the question was changed, clients gave different answers to the question and were often confused and/or distracted by the question. The interviewer should seek “Yes” or “No” answers to the subparts of this question and should mark these responses on the questionnaire form. This question is used to determine the specific reasons for testing, and assists in assigning an incidence estimation weight to the STARHS result.

- 6a asks whether the client was tested because he/she had a recent experience (unsafe sex or injection drug use, accidental needle stick, etc.) that he/she felt put him/her at risk for HIV infection. In this case, a positive test result would be more likely to be an incident case.
- 6b asks whether the client was tested regularly (every 3months, 6 months, yearly, etc.). It is not asking whether the test was part of routine medical care, which could mean that the client had an HIV antibody test every time he/she saw the doctor, regardless of the interval. If the client only tested as part of a pattern of regular testing, then the incidence estimate weight for the STARHS result would be assigned according to the length of time since the last negative test.
- 6c asks if the client had no particular reason other than to reassure him/herself (for example, some people test when they start a new relationship or have some other change in their life).
- 6d asks if the test was not the client’s idea, but rather was a requirement of some other entity.
- 6e allows the client to give another reason for testing that may not have been asked (other reasons might include pregnancy or Nucleic Acid Testing (NAT)).

6. Why did you get the HIV test on the date in question 3? Did you get that test: (please check yes or no **for each question**)

- [a] Because you thought/were worried that you might have been exposed to HIV in the 6 months before (the date in question 3)? ☐ No ☐ Yes
- [b] Because you got tested on a regular basis (for example, once a year or every six months), and it was time for you to get tested again? ☐ No ☐ Yes
- [c] Because you were just checking to make sure you were HIV negative? ☐ No ☐ Yes

☐\_0 No      ☐\_1 Yes☐\_0 No      ☐\_1 Yes[illegible]

*The next question is used to determine the date of the client's first HIV test ever regardless of whether the result was positive or negative. This date is also used in calculating an incidence estimation weight for the STARHS result. There will be times when the client is unable to remember the date of the first test. In these cases, the client should be asked to estimate the date. Probes that might assist the client in remembering the date could include "think about the time of year that you had the test," or "did you have the test close to a significant event in your life, like your birthday or the beginning of a new relationship?"*

7. When was the very first time you ever got tested for HIV (when you got the test, not when you got the results)? Please make your best guess if you are not sure.

\_\_\_\_/\_\_\_\_ (month/year)

[illegible]

*Next, the interview should ask if the client has had a prior negative HIV antibody test. If the client has never had a negative HIV test, the incidence estimation weight will be assigned accordingly, and with respect to other demographic and risk factors. If the client has had a negative test, then the interview proceeds to ask when the client had his/her last HIV negative test.*

8. Have you ever had an HIV test that was negative?

Yes.....☐1

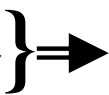


**Please go to Question 8a on the next page**

No.....☐0

I don't want to answer.....☐7

I don't know.....☐9



**Please go to Question 9 on the next page**

**Last NEGATIVE Test**

Ever have negative test: ☐ Yes [1] ☐ No [0] ☐ Don't know [9] ☐ Refused [7]

Name of place tested:

Date:  /  (MM/YYYY) State where tested:  Site type:

**HIV Counseling, Testing, and Referral Form PART D**

Client Name:  Date:  Site:

Ever have negative test: ☐ Yes [1] ☐ No [0] ☐ Don't know [9] ☐ Refused [7]

Name of place tested:

Date:  /  (MM/YYYY) State where tested:  Site type:

*The question below asks when the client had his/her last HIV negative test. In this case, the client provides the date of the last HIV negative test before his/her first positive test. It is important to determine when the client last had a negative test because this date will play a key role in determining the weight assigned to the STARHS result. For example, if the client received a negative result less than six months ago, and then tests positive, the probability that his/hers is an incident case is 100%, and the STARHS result is, therefore, given a weight of "1" in the incidence estimation.*

8a. Before your first positive HIV test (in question 3), when did you last test negative for HIV? List when you got the test, not when you got the results.

\_\_\_ / \_\_\_ (month/year)

**Last NEGATIVE Test**

Ever have negative test: ☐ Yes [1] ☐ No [0] ☐ Don't know [9] ☐ Refused [7]

Name of place tested:

Date:  /  (MM/YYYY) State where tested:  Site type:

**HIV Counseling, Testing, and Referral Form PART D**

Client Name:  Date:  Site:

Ever have negative test: ☐ Yes [1] ☐ No [0] ☐ Don't know [9] ☐ Refused [7]

Name of place tested:

Date:  /  (MM/YYYY) State where tested:  Site type:

*The next question asks the name and state of the site of the client's most recent HIV negative test. Because it is assumed that testing patterns and rate of positivity vary based on the location and type of testing facility, this question is used in the calculation of the incidence estimation weight for the STARHS result. The client should be asked to classify the type of facility if this information is not obvious from the client's response. Site type codes for the PEMS CTR form can be found on the back of Part D.*

8b. What was the name of the place where you had your last negative HIV test? For example, this could be the name of a health clinic, blood bank, doctor's office, or STD clinic.

Site name: \_\_\_\_\_ State: \_\_\_\_\_

Staff use only  
\_\_\_\_\_ Site type code

*The following question is also used to assign an incidence estimation weight to the STARHS result. The number of times tested before the current test or before the first positive test is related to the likelihood that an incident case will be detected. It is important to remember that this question is asking the number of previous tests in the two years before the current or first positive test including the current (or first positive) test and the question is structured in such a way that the first positive test is included in the count. If the current test, or the client's first positive test is the client's first HIV antibody test, then the answer to this question is "1."*

9. In the two years before your first positive test (on the date in question 3), how many times did you get tested for HIV? Your first positive test has been included for you in the count below.

  1   (my first positive test) +      (tests before) =



Testing History	
First time tested: <input type="text"/> / <input type="text"/> (MM/YYYY)	Number of times tested for HIV in the past 2 years or in the 2 years before your first positive test: <input type="text"/>

Finally, it is important to determine the client's use of antiretroviral medications. These medications can decrease the level of HIV antibodies circulating in the blood. As a result, a less sensitive EIA would be less likely to detect HIV antibodies, and could therefore produce a result that suggests a recent infection regardless of the length of time since the client's seroconversion. The interviewer should have a picture (available from the state/local HIV incidence coordinator) that depicts the antiretroviral medication that a client might have taken. This card should be shown when asking about HIV medications because a client may be unsure of the exact medications that he/she has taken or may confuse other medications for antiretroviral medications and incorrectly report that he/she has taken HIV medications.

**These last questions are about HIV medicines. Sometimes these are used to try to prevent HIV infection. This is called post-exposure prophylaxis, or PEP. Some of the medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART or the AIDS cocktail. PLEASE USE THE PICTURES OF ANTI-RETROVIRAL MEDICINES ON THE LAST PAGE WHEN ANSWERING THE NEXT QUESTIONS.**

10. In the past six months have you taken any medicines shown in the picture on the last page to treat or try to prevent HIV or Hepatitis?

Yes..... ☐ 1



**Please go to question 10a**

No..... ☐ 0

I don't want to answer..... ☐ 7

I don't know..... ☐ 9



**STOP, You are Finished**

ARV or HIV Medication in last 6 months		Taking any ARV or HIV medicines	
<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]	Types of Medication... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Specify Other Medication... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]
First day of ARV or HIV medication: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Last day of ARV or HIV medication: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

*The next question is a prompt to be certain that the client has taken antiretroviral medications and to determine the type of treatment the client has received. On the PEMS CTR form codes for the medications are located on the back of Part D.*

10a. Which ones did you take? Please list them. (If you are not sure of when you took the medicines, please include the ones you MIGHT have taken in the six months before your first positive test)


ARV or HIV Medication in last 6 months		Taking any ARV or HIV medicines																									
<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]	Types of Medication... <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>													Specify Other Medication... <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>													<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]
First day of ARV or HIV medication:    /    / Last day of ARV or HIV medication:    /    /																											

*The questions that follow are asked to ascertain the timeframe during which the client took antiretroviral medication to determine if antiretroviral medication was used in the six months prior to the blood draw which provided the specimen for STARHS. If the client is currently taking medications then the answer to the final question (the last day that medications were taken) should be the date that the testing history interview (or questionnaire) is completed.*

10b. What was the first day on which you took any of the medicines shown in the pictures?  
Please make your best guess if you are not sure.

\_\_\_/\_\_\_/\_\_\_ (month/day/year)

10c. Are you now taking any of the medicines shown in the pictures?

No.....☐0

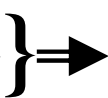


**Please go to question 10d**

Yes .....☐1

I don't want to answer.....☐7

I don't know .....☐9



**STOP, You are Finished**

10d. When was the last day you took any of the medicines shown in the pictures? Please  
you're your best guess if you are not sure.

\_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

ARV or HIV Medication in last 6 months			Taking any ARV or HIV medicines		
<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]	Types of Medication...	Specify Other Medication...	<input type="radio"/> Yes [1] <input type="radio"/> No [0] <input type="radio"/> Don't know [9] <input type="radio"/> Refused [7]		
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	First day of ARV or HIV medication:	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>			
	Last day of ARV or HIV medication:	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>			

**WJ Counseling, Testing, and Referral Form** **PART D**

Client Name: JANE  
 Date: 11/1/2011  
 Referral: 11/1/2011

Client Information: [Redacted]  
 Referral Information: [Redacted]  
 Date: 11/1/2011  
 Referral: 11/1/2011

Assessment Questions:

1. Do you have a positive self-image? (Yes/No/Not Sure)
2. Do you have good social skills? (Yes/No/Not Sure)
3. Do you have good academic skills? (Yes/No/Not Sure)
4. Do you have good communication skills? (Yes/No/Not Sure)
5. Do you have good problem-solving skills? (Yes/No/Not Sure)
6. Do you have good decision-making skills? (Yes/No/Not Sure)
7. Do you have good time management skills? (Yes/No/Not Sure)
8. Do you have good organizational skills? (Yes/No/Not Sure)
9. Do you have good study skills? (Yes/No/Not Sure)
10. Do you have good work habits? (Yes/No/Not Sure)

Assessment Results: [Redacted]

Assessment Summary: [Redacted]

Assessment Date: 11/1/2011

Assessment By: [Redacted]

Assessment For: [Redacted]

Assessment Notes: [Redacted]